



03/01/2016

MALIK, DAVID

8437 MAYFIELD RD STE 101

CHESTERLAND, OH 44026-2584



Patient: ANDERSON, TANISHA
SSN: ***-**-4654
Claim/File #:
Order #: 42668249
Fax #: 440-729-8262

Records Requested from: CLEVELAND CLINIC FOUNDATION LEGAL
Rec. Location: CCF MAIN CAMPUS

Dear Requester of Healthcare Information:

IOD Incorporated has been retained by the above named Health Care Provider to handle release of information requests such as yours at their facility. Enclosed please find the information you requested with a copy of your request.

Please Note : This information has been disclosed to you from records that may be protected by state and federal confidentiality rules (42 CFR, part 2). The federal rules prohibit you from making any further disclosure of protected information unless further disclosure is expressly permitted by written consent of the person to whom it pertains, or is otherwise permitted by 42 CFR, part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of protected information to criminally investigate or prosecute any alcohol or drug abuse patient.

If you have requested x-ray films or billing records, you will need to contact the radiology department or billing office to check the status of your request. If you need information regarding x-ray or billing records, please contact the Health Care Provider directly.

In an effort to improve the quality of our service we are seeking your feedback. The survey should take no more than five minutes to complete. Please complete the survey at <http://survey.iodincorporated.com/> and thank you in advance for your time and input.

If you have any questions regarding this notice, please contact Customer Relations at 866-420-7455 Option 1.

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11:56:24 10-05-2015

1 / 5

David B. Malik, Esq.

Attorney at Law

Website: www.davidbmaliklaw.com

Chester Business Park
8437 Mayfield Road
Suite 101
Chesterland, OH 44026

Email: dbm50@abeglobal.net
Office: (440) 729-8260
Cell: (216) 570-3898
Fax: (440) 729-8262

September 8, 2015

Cleveland Clinic
Release of Information
Health Information Management Department
9500 Euclid Avenue
Cleveland, Ohio 44195

Please be advised that this office represents the Estate of Tanisha Anderson. See attached documents. Your prompt response is greatly appreciated. If you have any questions, please call me at 216.789.2485.

/s/ Sara Gedeon
Sara Gedeon, Esq.





Cleveland Clinic Hospital
9500 Euclid Ave., Mailcode Ab-7
Cleveland OH 44195

ANDERSON, TANESHA N
MRN: 23195780
DOB: 1/22/1977, Sex: F
Adm: 11/13/2014, D/C: 11/13/2014

Emergency Department

ED Events

Date/Time	Event	User	Comments
11/13/14 0011	Patient arrived in ED	TREBISKY, DAVID	
11/13/14 0011	Patient roomed in ED	TREBISKY, DAVID	To room ED19
11/13/14 0034	Patient transferred	TREBISKY, DAVID	From room ED19 to room E1710
11/13/14 0034	Patient transferred	TREBISKY, DAVID	From room E1710 to room E1709
11/13/14 0427	Patient discharged	TREBISKY, DAVID	

Visit Information

Arrival 11/13/2014 12:11 AM	Department Hosp Main Emergency	First Attending Sean Roth, DO DPM
Account Number 231957800061	Patient Type Emergency	OSN 305524825
		HAR

ED Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission Type
-	11/13/2014 12:11 AM	ESI-1	Cleveland EMS	EMS	Emergency Medicine	Emergency
Arrival Complaint cardiac arrest						

Allergies as of 11/13/2014

No Known Allergies

Date Verified: 11/13/2014

Chief Complaint

Chief Complaint
CARDIAC ARREST

ED Screening Questions

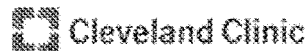
Date and Time	Do You Feel Safe At Home?	Explain	Are You Having Thoughts of Harming Yourself/Others	Recent Travel Outside USA in last 30 days?	Entered By
11/13/14 0012	--	--	--	No	DT
11/13/14 0015	Deferred - Patient Unable to Answer, No Family Available	--	--	No	DT

Patient Home Medications

Reviewed by David (Rn)(Hist) Trebisky, RN (Registered Nurse) on 11/13/14 at 0015

	Order	Taking?	Sig	Documenting Provider	Last Dose	Status
acetaminophen 325 mg tablet	65178 4335	No	Take 1-2 tablets by mouth every 4 hours as needed for Pain.	Malti Vij		Active
Ascorbic Acid chew	65178 4331	No	Take 1 tablet by mouth once daily.	Malti Vij		Active





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Emergency Department (continued)

Patient Home Medications (continued)

blood sugar diagnostic (FREESTYLE TEST) test strip	66803 6908	No	Use as instructed	Malti Vij	Active
dextrose 40 % gel	64408 5253	No	Take 15 g by mouth as needed.	Ruth (Pa-C) Sager	Active
docusate sodium 100 mg capsule	65178 4327	No	Take 1 capsule by mouth twice daily.	Malti Vij	Active
ergocalciferol, vitamin D2, 50,000 unit capsule	66803 6910	No	Take 1 capsule by mouth once each week.	Malti Vij	Active
ibuprofen 600 mg tablet	65988 3873	No	Take 1 tablet by mouth every 6 hours as needed for Pain.	Malti Vij	Active
insulin glargine 100 unit/mL (3 mL) inprn	64750 5513	No	Inject 40 Units subcutaneously daily at bedtime.	Yvonne C Yen	Active
insulin lispro 100 unit/mL injection	66803 6917	No	Inject 10 Units subcutaneously three times daily before meals.	Malti Vij	Active
Insulin Lispro, Human, (HUMALOG) 100 unit/mL crtq	66988 0588	No	Inject 10 Units subcutaneously w MEALS.	Malti Vij	Active
Insulin Needles, Disposable, (BD ULTRAFINE III MINI PEN) 31 x 3/16 " ndle	66803 6907	No	20 Units twice daily.	Malti Vij	Active
Insulin NPH-Regular Human Rec 100 unit/mL (70-30) inprn	65178 4333	No	Inject 20 Units subcutaneously twice daily.	Malti Vij	Active
Insulin Syringe-Needle U-100 (BD INSULIN SYRINGE MF) 1/2 mL 28 x 1/2" syrg	66803 6909	No	1 Each daily at bedtime. For lantus	Malti Vij	Active
Lancets (FREESTYLE LANCETS) lancets	66803 6916	No	Use as instructed	Malti Vij	Active
metFORMIN 500 mg tablet	66803 6915	No	Take 2 tablets by mouth twice daily with meals.	Malti Vij	Active
metoprolol tartrate, short acting, 25 mg tablet	66803 6912	No	Take 1 tablet by mouth every 12 hours.	Malti Vij	Active
multivitamin tablet	66803 6911	No	Take 1 tablet by mouth once daily.	Malti Vij	Active
nicotine polacrilex 2 mg gum	65178 4330	No	Take 1 Each by mouth every 2 hours as needed.	Malti Vij	Active
omeprazole 20 mg capsule	66803 6914	No	Take 1 capsule by mouth once daily. Before breakfast	Malti Vij	Active
polyethylene glycol 3350 17 gram packet	64750 5519	No	Take 1 Packet by mouth once daily.	Yvonne C Yen	Active
QUETiapine 25 mg tablet	64750 5508	No	Take 3 tablets by mouth twice daily.	Yvonne C Yen	Active



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Emergency Department (continued)

Patient Home Medications (continued)

simvastatin (ZOCOR) 10 mg tablet	66803 6913	No	Take 1 tablet by mouth daily at bedtime.	Malti Vij	Active
therapeutic multivitamin-minerals 27-0.4 mg tab	65178 4328	No	Take 1 tablet by mouth once daily.	Malti Vij	Active

Current Discharge Medication List

Medication list as of: 11/13/2014 4:28 AM

ED Notes

ED Notes by David (Rn)(Hist) Trebisky, RN at 11/13/2014 12:11 AM

Author: David (Rn)(Hist) Trebisky, RN Service: (none) Author Type: Registered Nurse
Filed: 11/13/2014 12:11 AM Note Time: 11/13/2014 12:11 AM Status: Signed
Editor: David (Rn)(Hist) Trebisky, RN (Registered Nurse)
Bed: E12-19
Expected date:
Expected time:
Means of arrival:
Comments:

ED Notes by Julianne (Rn) Rosa Schiazza, RN at 11/13/2014 1:12 AM

Author: Julianne (Rn) Rosa Schiazza, RN Service: Emergency Medicine Author Type: Registered Nurse
Filed: 11/13/2014 1:14 AM Note Time: 11/13/2014 1:12 AM Status: Addendum
Editor: Julianne (Rn) Rosa Schiazza, RN (Registered Nurse)
Related Notes: Original Note by Julianne (Rn) Rosa Schiazza, RN (Registered Nurse) filed at 11/13/2014 1:13 AM

Contacted Amy at Lifebanc via phone # 800-558-5433.

This note was completed by: Julianne Rosa Schiazza, RN

Julianne (Rn) Rosa Schiazza, RN
11/13/14 0113

Julianne (Rn) Rosa Schiazza, RN
11/13/14 0114

ED Notes by Julianne (Rn) Rosa Schiazza, RN at 11/13/2014 12:11 AM

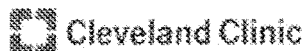
Author: Julianne (Rn) Rosa Schiazza, RN Service: Emergency Medicine Author Type: Registered Nurse
Filed: 11/13/2014 1:16 AM Note Time: 11/13/2014 12:11 AM Status: Addendum
Editor: Julianne (Rn) Rosa Schiazza, RN (Registered Nurse)
Related Notes: Original Note by Julianne (Rn) Rosa Schiazza, RN (Registered Nurse) filed at 11/13/2014 1:15 AM

Pt arrived to ED w/CPR in progress. See paper documentation.

Printed on 3/1/2016 10:40 AM

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ED Notes (continued)

ED Notes by Julianne (Rn) Rosa Schiazza, RN at 11/13/2014 12:11 AM (continued)

This note was completed by: Julianne Rosa Schiazza, RN

Julianne (Rn) Rosa Schiazza, RN
11/13/14 0115

Julianne (Rn) Rosa Schiazza, RN
11/13/14 0116

ED Notes by Julianne (Rn) Rosa Schiazza, RN at 11/13/2014 1:23 AM

Author: Julianne (Rn) Rosa Schiazza, RN	Service: Emergency Medicine	Author Type: Registered Nurse
Filed: 11/13/2014 1:24 AM	Note Time: 11/13/2014 1:23 AM	Status: Signed
Editor: Julianne (Rn) Rosa Schiazza, RN (Registered Nurse)		

Pt not eligible for organ donation d/t history of necrotizing fascitis within past year. Reference #2014-015284. Information provided by Amy at Lifebanc.

This note was completed by: Julianne Rosa Schiazza, RN

Julianne (Rn) Rosa Schiazza, RN
11/13/14 0124

ED Notes by Julianne (Rn) Rosa Schiazza, RN at 11/13/2014 2:56 AM

Author: Julianne (Rn) Rosa Schiazza, RN	Service: Emergency Medicine	Author Type: Registered Nurse
Filed: 11/13/2014 4:28 AM	Note Time: 11/13/2014 2:56 AM	Status: Addendum
Editor: Julianne (Rn) Rosa Schiazza, RN (Registered Nurse)		
Related Notes: Original Note by Julianne (Rn) Rosa Schiazza, RN (Registered Nurse) filed at 11/13/2014 2:57 AM		

Bilat hands bagged w/brown paper bags and paper tape w/Dave, ANM and Carl, Medic per Sgt. Jones of Cleveland Police Department's request.

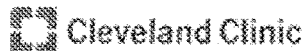
This note was completed by: Julianne Rosa Schiazza, RN

Julianne (Rn) Rosa Schiazza, RN
11/13/14 0257

Julianne (Rn) Rosa Schiazza, RN
11/13/14 0428

ED Provider Notes

ED Provider Notes by Sean Roth at 11/13/2014 12:58 AM



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ED Provider Notes (continued)

ED Provider Notes by Sean Roth at 11/13/2014 12:58 AM (continued)

Author: Sean Roth Service: Emergency Medicine Author Type: Physician
Filed: 11/13/2014 2:39 PM Note Time: 11/13/2014 12:58 AM Status: Signed
Editor: Sean Roth (Physician)
Related Notes: Original Note by Joseph Lally (Physician) filed at 11/13/2014 7:03 AM

Procedure Orders

1. CCHS ED NOTEWRITER PROCEDURE INTUBATION [717976885] ordered by Sean Roth at 11/13/14 1433
2. CCHS ED NOTEWRITER PROCEDURE INTRAOSSEOUS LINE INSERTION [717976942] ordered by Sean Roth at 11/13/14 1433

ED Provider Note

Patient Name: Tanesha N Anderson

MRN: 23195780

SERVICE DATE: 11/13/14

History

Patient presents with:

Cardiac Arrest - Per CPD, attempted to bring patient to hospital for psych eval, pt unresponsive with faint pulse upon EMS arrival. Asystole upon arrival to ED. 25 minute down time prior to arrival, given Epi x 4 pta

HPI

Presents in cardiac arrest. Unable to obtain history. Per EMS patient was arguing with police in front of her home when became unresponsive. At time of EMS arrival patient reportedly had labored respirations and thready pulse; shortly after getting into ambulance patient lost pulses and CPR started. No report of trauma. CPR for ~ 25 minutes prior to arrival. King LT in place. No additional history available at time of arrival.

PAST MEDICAL HISTORY

Bipolar Disorder (Hcc)
Diabetes Mellitus (Hcc)
Sleep Disorder
Dyslipidemia

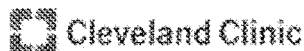
Social History

Marital Status: Single Spouse Name:
Years of Education: Number of children:

Social History Main Topics

Smoking Status: Former Smoker Packs/Day: .3 Years: 2
Types: Cigarettes
Quit date: 01/01/2013
Smokeless Status: Never Used
Comment: 5-6 per day
Alcohol Use: No
Drug Use: No





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ED Provider Notes (continued)

ED Provider Notes by Sean Roth at 11/13/2014 12:58 AM (continued)

ALLERGIES:

Review of patient's allergies indicates no known allergies.

Review of Systems

Unable to perform ROS

Physical Exam

There were no vitals taken for this visit.

Physical Exam

Constitutional:

Unresponsive. CPR in progress. Patient being bagged by EMS.

HENT:

Head: Atraumatic.

Eyes:

Pupils unresponsive

Cardiovascular:

+ pulse with CPR. Cool extremities.

Pulmonary/Chest:

Bilateral BS with bagging. No wheeze.

Abdominal:

Obese. + surgical scar in R groin (not acute).

Musculoskeletal:

No gross deformity.

Neurological:

No spontaneous movement. Pupils not reactive. No posturing.

Skin:

Cool skin in extremities. No rash. No ecchymosis appreciated.

ED Course

Diagnosis: cardiopulmonary arrest

INTUBATION

Date/Time: 11/13/2014 12:11 AM

Performed by: ROTH, SEAN

Authorized by: ROTH, SEAN

Consent: The procedure was performed in an emergent situation.

Required items: required blood products, implants, devices, and special equipment available

Indications: respiratory failure

Intubation method: direct

Patient status: unconscious

Preoxygenation: king It in place.

Pretreatment medications: none



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ED Provider Notes (continued)

ED Provider Notes by Sean Roth at 11/13/2014 12:58 AM (continued)

Laryngoscope size: Mac 4
Tube size: 7.5 mm
Tube type: cuffed
Number of attempts: 1 (please see note, as tube had to be repositioned during cpr)
Cricoid pressure: no
Cords visualized: yes
Post-procedure assessment: chest rise, ETCO2 monitor and CO2 detector
Breath sounds: equal and absent over the epigastrium
Cuff inflated: yes
ETT to lip: 23 cm
Tube secured with: ETT holder
Comments: During CPR and ACLS

IO INSERTION

Date/Time: 11/13/2014 12:11 AM
Performed by: ROTH, SEAN
Authorized by: ROTH, SEAN
Consent: The procedure was performed in an emergent situation.
Indications: rapid vascular access
Local anesthesia used: no
Patient sedated: no
Insertion site: right proximal tibia
Site preparation: chlorhexidine
Insertion device: drill device
Insertion: needle was inserted through the bony cortex
Number of attempts: 1
Confirmation method: stability of the needle, easy infusion of fluids and aspiration of blood/marrow
Secured with: protective shield
Comments: Left tib/fib i/o and left humeral i/o placed as well

ATTENDING PROCEDURE NOTE

I was present for the key portions of the procedure.

Sean M. Roth DO, DPM, FACEP

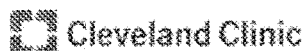
MDM

Number of Diagnoses or Management Options

Course:
Triage records were reviewed.
Nursing notes were reviewed and incorporated.
Unable to review medical records.

Course:
Patient in cardiopulmonary arrest upon arrival. King LT in place via EMS. CPR continued. Adequate end tidal with King LT. ACLS continued for several rounds with multiple rounds of epi, bicarb, calcium and amio (1) (see





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ED Provider Notes (continued)

ED Provider Notes by Sean Roth at 11/13/2014 12:58 AM (continued)

nursing documentation for specific details). Pt had V-fib noted on monitor on two separate rhythm checks (not consecutively); defibrillated during each of above rhythm's. During pulse check an advanced airway was placed; with adequate color change and breath sounds however 2 minutes after initial placement, end tidal dropped--tube position immediately re-evaluated with laryngoscopy and it was found that ET tube had migrated out of airway--it was replaced into trachea and confirmed with end tidal and BS and then secured in place. Total of 30 seconds to evaluate and reposition. After ~ total of 50 minutes of total CPR (25 pre-hospital) and several consecutive rhythm checks with asystole and no cardiac motion on bed side ECHO decision was made to call code. Patient was pronounced dead at 00:30.

Family updated in family room. Reviewed patient course. All questions answered and emotional support given. Family provided additional information that patient had been acting bizarrely over the past several days; report a history of schizophrenia. Pt/family contacted police overnight secondary to the behavior.

Medical Decision Making:

Patient with cardiac arrest. Unclear etiology of symptoms. No reversible cause identified. Course as above. Patient pronounced dead in ED ~ 30 minutes after arrival.

The attending who evaluated and managed this patient was Roth, Sean .

Plan:

The patient was transferred to morgue.

Consent: A procedure or transfusion was performed - No

Joseph Lally, MD

Condition at time of disposition: stable

SIGNATURE: Joseph Lally, MD

Joseph (Res) Lally
Resident
11/13/14 0703

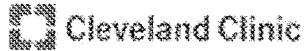
Attending Note

I evaluated the patient and personally participated in the key components. I agree with the resident's findings and plan with the following revisions and/or additions:

To the ed by EMS and according to family report, as above. Patient to the ed while cpr and acs in progress with adjunct airway device in place. We assumed care and took over acs (please see code sheet), and airway device replaced with ETT. Asystole, v-fib and pea were encountered with multiple attempts to identify cause and reverse/revive. Unfortunately never a return to spontaneous circulation. After long downtime and prolonged cycles of asystole, decision to pronounce patient at 00:30. Family notified upon arrival.

Critical Care

I spent a total of 11 minutes of critical care time outside of cpr/acs and procedures in the evaluation and management of this patient. This was necessary to treat or prevent deterioration of the following condition(s):



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ED Provider Notes (continued)

ED Provider Notes by Sean Roth at 11/13/2014 12:58 AM (continued)

Cardiac Arrest, which the patient had and/or has a high probability of suddenly developing. The patient received IV Fluids during the time that critical care was provided. I discussed the plan of care with the Resident and agree with the findings documented. Critical care time excludes separately billed procedures.

Sean Roth, DO DPM FACEP

cardiopulmonary resuscitation was performed for 25 minutes.

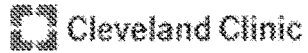
Signature: Sean Roth, DO DPM FACEP

Date: 11/13/2014

Time: 2:07 PM

Sean Roth
11/13/14 1439





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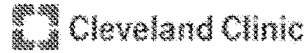
ANDERSON, TANESHA N
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Procedures - All Notes

Procedures signed by Ccf Provider at 11/19/2014 9:53 AM

Author: Ccf Provider	Service: (none)	Author Type: Physician
Filed: 11/19/2014 4:17 PM	Note Time: 11/13/2014 12:11 AM	Status: Signed
Editor: Ccf Provider (Physician)		Trans ID
		149730955CCFONBASE23195780
Trans Status: Available	Dictation Time: 11/19/2014 9:53 AM	Trans Time
Trans Doc Type: Emergency Medical Response		

Scan on 11/13/2014 12:11 AM by Ccf Provider



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Informed Consent - All Notes

Informed Consent signed by Ccf Provider at 11/13/2014 12:45 AM

Author: Ccf Provider	Service: (none)	Author Type: Physician
Filed: 11/13/2014 1:18 AM	Note Time: 11/13/2014 12:11 AM	Status: Signed
Editor: Ccf Provider (Physician)		Trans ID
		149164759CCFONBASE23195780
Trans Status: Available	Dictation Time: 11/13/2014 12:45 AM	Trans Time
Trans Doc Type: Consent Form		

Scan on 11/13/2014 12:11 AM by Ccf Provider : GENERAL CONSENT





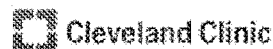
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Allied Health - All Notes

Allied Health by Mary J (Chaplain) Bolton at 11/13/2014 4:04 AM

Author: Mary J (Chaplain) Bolton	Service: Spiritual Care	Author Type: Chaplain
Filed: 11/13/2014 4:05 AM	Note Time: 11/13/2014 4:04 AM	Status: Signed
Editor: Mary J (Chaplain) Bolton (Chaplain)		



SPIRITUALCARE

Spiritual Care Visit- Brief Note

Name: Tanesha N Anderson

MRN: 23195780

Date: November 13, 2014

Notes: Provided spiritual presence and prayer to family.

Chaplain Signature: Mary J Bolton, Chaplain

To contact the Spiritual Care Department:
Please call 216-444-2518 or Page the On-Call Chaplain at pager 22956
Thank you for the opportunity to be of service.

This is an electronically created document.

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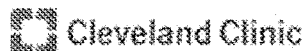
Orders (Some orders may appear duplicative but indicate data entry only)

ENDTIDAL CO2 (CAPNOGRAPHY) [717782327]

Electronically signed by: Sean Roth on 11/13/14 0257	Status: Discontinued
Mode: Ordering in ED Triage mode	Communicated by: Colleen (Rrt) Alflen, RRT
Ordering user: Colleen (Rrt) Alflen, RRT 11/13/14 0136	Ordering provider: Sean Roth
Frequency: STAT cont (I) 11/13/14 0145 - Until Specified	Discontinued by: Reg In Adtr 11/13/14 0628 [Auto DC at discharge.]

ENDTIDAL CO2 (CAPNOGRAPHY) [717782329]

Electronically signed by: Sean Roth on 11/13/14 0257	Status: Completed
Mode: Ordering in ED Triage mode	Communicated by: Colleen (Rrt) Alflen, RRT
Ordering user: Colleen (Rrt) Alflen, RRT 11/13/14 0136	Ordering provider: Sean Roth



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Orders (Some orders may appear duplicative but indicate data entry only) (continued)

SUCTION AIRWAY [717782331]

Electronically signed by: Sean Roth on 11/13/14 0257	Status: Discontinued
Mode: Ordering in ED Triage mode	Communicated by: Colleen (Rrt) Alflen, RRT
Ordering user: Colleen (Rrt) Alflen, RRT 11/13/14 0136	Ordering provider: Sean Roth
Frequency: Routine cont (I) 11/13/14 0145 - Until Specified	Discontinued by: Reg In Adtr 11/13/14 0628 [Auto DC at discharge.]

SUCTION AIRWAY [717782333]

Electronically signed by: Sean Roth on 11/13/14 0257	Status: Completed
Mode: Ordering in ED Triage mode	Communicated by: Colleen (Rrt) Alflen, RRT
Ordering user: Colleen (Rrt) Alflen, RRT 11/13/14 0136	Ordering provider: Sean Roth

MORGUE TRANSPORT-RED TAG [717791681]

Electronically signed by: Temit (Huc) Winston, HUC on 11/13/14 0333	Status: Discontinued
Ordering user: Temit (Huc) Winston, HUC 11/13/14 0333	Ordering provider: Sean Roth
Frequency: STAT Once 11/13/14 0345 - 1 Occurrences	Discontinued by: Reg In Adtr 11/13/14 0628 [Auto DC at discharge.]
Questions: FROM Loc/Bed: E17-09	

MORGUE TRANSPORT-RED TAG [717791684]

Electronically signed by: Temit (Huc) Winston, HUC on 11/13/14 0333	Status: Discontinued
Ordering user: Temit (Huc) Winston, HUC 11/13/14 0333	Ordering provider: Sean Roth
Discontinued by: Reg In Adtr 11/13/14 0628 [Auto DC at discharge.]	
Questions: FROM Loc/Bed: E17-09	

OCHS ED NOTEWRITER PROCEDURE INTUBATION [717976881]

Electronically signed by: Sean Roth on 11/13/14 1433	Status: Completed
Ordering user: Sean Roth 11/13/14 1433	Ordering provider: Sean Roth
Frequency: Routine Once 11/13/14 1445 - 1 Occurrences	
Comments: This order was created via procedure documentation	

OCHS ED NOTEWRITER PROCEDURE INTUBATION [717976885]

Electronically signed by: Sean Roth on 11/13/14 1433	Status: Completed
Ordering user: Sean Roth 11/13/14 1433	Ordering provider: Sean Roth
Comments: This order was created via procedure documentation	





Cleveland Clinic Hospital
9500 Euclid Ave., Mailcode Ab-7
Cleveland OH 44195

ANDERSON, TANESHA N
MRN: 23195780
DOB: 1/22/1977, Sex: F
Adm: 11/13/2014, D/C: 11/13/2014

Orders (Some orders may appear duplicative but indicate data entry only) (continued)

CCHS ED NOTEWRITER PROCEDURE INTRAOSSEOUS LINE INSERTION [717976939]

Electronically signed by: **Sean Roth on 11/13/14 1433** Status: **Completed**
Ordering user: Sean Roth 11/13/14 1433 Ordering provider: Sean Roth
Frequency: Routine Once 11/13/14 1445 - 1 Occurrences
Comments:
This order was created via procedure documentation

CCHS ED NOTEWRITER PROCEDURE INTRAOSSEOUS LINE INSERTION [717976942]

Electronically signed by: **Sean Roth on 11/13/14 1433** Status: **Completed**
Ordering user: Sean Roth 11/13/14 1433 Ordering provider: Sean Roth
Comments:
This order was created via procedure documentation

[724889303]

Electronically signed by: **on 12/09/14 1359** Status: **Active**
Ordering user:
Frequency: - Until Discontinued

[724889704]

Electronically signed by: **on 12/09/14 1400** Status: **Active**
Ordering user:
Frequency: - Until Discontinued

[724889827]

Electronically signed by: **on 12/09/14 1400** Status: **Active**
Ordering user:
Frequency: - Until Discontinued

[724890178]

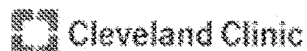
Electronically signed by: **on 12/09/14 1400** Status: **Active**
Ordering user:
Frequency: - Until Discontinued

[724890302]

Electronically signed by: **on 12/09/14 1401** Status: **Active**
Ordering user:
Frequency: - Until Discontinued

[724890647]

Electronically signed by: **on 12/09/14 1401** Status: **Active**
Ordering user:
Frequency: - Until Discontinued



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Orders (Some orders may appear duplicative but indicate data entry only) (continued)

[724890647] (continued)

[724890846]

Electronically signed by: on 12/09/14 1402

Status **Active**

Ordering user:

Frequency: - Until Discontinued

All Procedure Results (11/13/14 - 11/13/14)

Resulted: 11/13/14 1439, Result status: Final

CCHS ED NOTEWRITER PROCEDURE INTUBATION [717976885]

result

Ordering provider: Sean Roth 11/13/14 1433

Resulting lab: EMERGENCY DEPARTMENT

Narrative: Sean Roth 11/13/2014 2:39 PM
ED Provider Note
Patient Name: Tanesha N Anderson

MRN: 23195780
SERVICE DATE: 11/13/14

History

Patient presents with:

Cardiac Arrest - Per CPD, attempted to bring patient to hospital for psych eval, pt unresponsive with faint pulse upon EMS arrival. Asystole upon arrival to ED. 25 minute down time prior to arrival, given Epi x 4 pta

HPI

Presents in cardiac arrest. Unable to obtain history. Per EMS patient was arguing with police in front of her home when became unresponsive. At time of EMS arrival patient reportedly had labored respirations and thready pulse; shortly after getting into ambulance patient lost pulses and CPR started. No report of trauma. CPR for ~ 25 minutes prior to arrival. King LT in place. No additional history available at time of arrival.

PAST MEDICAL HISTORY

Bipolar Disorder (Hcc)
Diabetes Mellitus (Hcc)
Sleep Disorder
Dyslipidemia

Social History

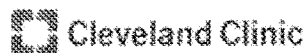
Marital Status: Single

Spouse Name:

Years of Education:

Number of children:





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All Procedure Results (11/13/14 - 11/13/14) (continued)

CCHS ED NOTEWRITER PROCEDURE INTUBATION [717976885]
(continued)

Resulted: 11/13/14 1439, Result status: Final
result

Social History Main Topics

Smoking Status: Former Smoker Packs/Day: .3
Years: 2
Types: Cigarettes
Quit date: 01/01/2013
Smokeless Status: Never Used
Comment: 5-6 per day
Alcohol Use: No
Drug Use: No

ALLERGIES:

Review of patient's allergies indicates no known allergies.

Review of Systems

Unable to perform ROS

Physical Exam

There were no vitals taken for this visit.

Physical Exam

Constitutional:

Unresponsive. CPR in progress. Patient being bagged by EMS.

HENT:

Head: Atraumatic.

Eyes:

Pupils unresponsive

Cardiovascular:

+ pulse with CPR. Cool extremities.

Pulmonary/Chest:

Bilateral BS with bagging. No wheeze.

Abdominal:

Obese. + surgical scar in R groin (not acute).

Musculoskeletal:

No gross deformity.

Neurological:

No spontaneous movement. Pupils not reactive. No posturing.

Skin:

Cool skin in extremities. No rash. No ecchymosis appreciated.

ED Course

Diagnosis: cardiopulmonary arrest

INTUBATION



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Adm: 11/13/2014, D/C: 11/13/2014

All Procedure Results (11/13/14 - 11/13/14) (continued)

CCHS ED NOTEWRIER PROCEDURE INTUBATION [717976685]
(continued)

Resulted: 11/13/14 1439, Result status: Final
result

Date/Time: 11/13/2014 12:11 AM
Performed by: ROTH, SEAN
Authorized by: ROTH, SEAN
Consent: The procedure was performed in an emergent situation.
Required items: required blood products, implants, devices, and special equipment available
Indications: respiratory failure
Intubation method: direct
Patient status: unconscious
Preoxygenation: king lt in place.
Pretreatment medications: none
Laryngoscope size: Mac 4
Tube size: 7.5 mm
Tube type: cuffed
Number of attempts: 1 (please see note, as tube had to be repositioned during cpr)
Cricoid pressure: no
Cords visualized: yes
Post-procedure assessment: chest rise, ETCO2 monitor and CO2 detector
Breath sounds: equal and absent over the epigastrium
Cuff inflated: yes
ETT to lip: 23 cm
Tube secured with: ETT holder
Comments: During CPR and ACLS

IO INSERTION

Date/Time: 11/13/2014 12:11 AM
Performed by: ROTH, SEAN
Authorized by: ROTH, SEAN
Consent: The procedure was performed in an emergent situation.
Indications: rapid vascular access
Local anesthesia used: no
Patient sedated: no
Insertion site: right proximal tibia
Site preparation: chlorhexidine
Insertion device: drill device
Insertion: needle was inserted through the bony cortex
Number of attempts: 1
Confirmation method: stability of the needle, easy infusion of fluids and aspiration of blood/marrow
Secured with: protective shield
Comments: Left tib/fib i/o and left humeral i/o placed as well

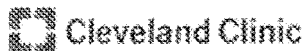
ATTENDING PROCEDURE NOTE

I was present for the key portions of the procedure.

Sean M. Roth DO, DPM, FACEP

MDM





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All Procedure Results (11/13/14 - 11/13/14) (continued)

CCHS ED NOTEWRIER PROCEDURE INTUBATION [717976885]
(continued)

Resulted: 11/13/14 1439, Result status: Final
result

Number of Diagnoses or Management Options

Course:

Triage records were reviewed.
Nursing notes were reviewed and incorporated.
Unable to review medical records.

Course:

Patient in cardiopulmonary arrest upon arrival. King LT in place via EMS. CPR continued. Adequate end tidal with King LT. ACLS continued for several rounds with multiple rounds of epi, bicarb, calcium and amio (1) (see nursing documentation for specific details). Pt had V-fib noted on monitor on two separate rhythm checks (not consecutively); defibrillated during each of above rhythm's. During pulse check an advanced airway was placed; with adequate color change and breath sounds however 2 minutes after initial placement, end tidal dropped--tube position immediately re-evaluated with laryngoscopy and it was found that ET tube had migrated out of airway--it was replaced into trachea and confirmed with end tidal and BS and then secured in place. Total of 30 seconds to evaluate and reposition. After ~ total of 50 minutes of total CPR (25 pre-hospital) and several consecutive rhythm checks with asystole and no cardiac motion on bed side ECHO decision was made to call code. Patient was pronounced dead at 00:30.

Family updated in family room. Reviewed patient course. All questions answered and emotional support given. Family provided additional information that patient had been acting bizarrely over the past several days; report a history of schizophrenia. Pt/family contacted police overnight secondary to the behavior.

Medical Decision Making:

Patient with cardiac arrest. Unclear etiology of symptoms. No reversible cause identified. Course as above. Patient pronounced dead in ED ~ 30 minutes after arrival.

The attending who evaluated and managed this patient was Roth, Sean .

Plan:

The patient was transferred to morgue.

Consent: A procedure or transfusion was performed - No

Joseph Lally, MD

Condition at time of disposition: stable

SIGNATURE: Joseph Lally, MD



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All Procedure Results (11/13/14 - 11/13/14) (continued)

CCHS ED NOTEWRIER PROCEDURE INTUBATION [717976885]
(continued)

Resulted: 11/13/14 1439, Result status: Final
result

Joseph (Res) Lally
Resident
11/13/14 0703

Attending Note

I evaluated the patient and personally participated in the key components. I agree with the resident's findings and plan with the following revisions and/or additions:

To the ed by EMS and according to family report, as above. Patient to the ed while cpr and acs in progress with adjunct airway device in place. We assumed care and took over acs (please see code sheet), and airway device replaced with ETT. Asystole, v-fib and pea were encountered with multiple attempts to identify cause and reverse/revive. Unfortunately never a return to spontaneous circulation. After long downtime and prolonged cycles of asystole, decision to pronounce patient at 00:30. Family notified upon arrival.

Critical Care

I spent a total of 11 minutes of critical care time outside of cpr/acs and procedures in the evaluation and management of this patient. This was necessary to treat or prevent deterioration of the following condition(s): Cardiac Arrest, which the patient had and/or has a high probability of suddenly developing. The patient received IV Fluids during the time that critical care was provided. I discussed the plan of care with the Resident and agree with the findings documented. Critical care time excludes separately billed procedures.

Sean Roth, DO DPM FACEP

cardiopulmonary resuscitation was performed for 25 minutes.

Signature: Sean Roth, DO DPM FACEP

Date: 11/13/2014

Time: 2:07 PM

ED Disposition

Expired

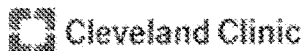
David (Rn)(Hist)
Trebisky, RN

ED Departure

Date/Time	Event	User	Comments
11/13/14 0427	Patient discharged	TREBISKY, DAVID	

ED Disposition/Discharge Disposition





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ED Disposition/Discharge Disposition (continued)

ED Dispo	Discharge Dispo
Expired [8]	Expired [20]

ED FLOWSHEETS (all recorded)

Primary Assessment

11/13/14 0014

Airway: WNL unobstructed airway with no implications for spine precautions

Airway: Except, see
Secondary
Assessment
Documentation -DT

Breathing: WNL regular and unlabored spontaneous respirations without tracheal deviation and a symmetrical rise/fall to the chest wall

Breathing: Except, see
Secondary
Assessment
Documentation -DT

Circulation: WNL skin is warm and dry, color is normal and pulses are present

Circulation: Except, see
Secondary
Assessment
Documentation -DT

Disability: WNL patient is alert and oriented with no reported loss of consciousness

Disability: Except, see
Secondary
Assessment
Documentation -DT

Triage Call

11/13/14 0012

Triage Call

Triage Call Called -DT

Triage Intake Complete

11/13/14 0015

Triage Intake Complete

Triage Intake Yes -DT
Complete?

Airway

Airway Endotracheal Tube 11/13/14 0018

Airway Type: **Endotracheal Tube** -CA Placement Date: **11/13/14** -CA Placement Time: **0018** -CA Airway Size (mm): **7.5 mm** -CA Mark: **23@ lip** -CA Cuffed/Uncuffed: **Cuffed** -CA Removal Date: **11/13/14** -RA Removal Time: **0628** -RA

PAS STAFF SIGN IN

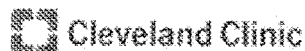
11/13/14 0020

11/13/14 0023

PAS Staff Assigned

PAS STAFF: MJ -MJ I.V jlw -MJ

Triage Plan



Cleveland Clinic Hospital
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ANDERSON, TANESHA N
MRN: 23195780
DOB: 1/22/1977, Sex: F
Adm: 11/13/2014, D/C: 11/13/2014

ED FLOWSHEETS (all recorded) (continued)

Triage Plan (continued)

11/13/14 0014

Triage Plan

Patient Acuity 1 -DT

ED Destination Main ED -DT

Arrival Documentation

11/13/14 0012

Triage Start

Triage Start Start -DT

ED Falls Risk Screening

11/13/14 0014

ED Fall Risk Screening

Patient is an (t) Yes - Fall risk
increased risk wrist band applied
for falls -DT

ED Registration

11/13/14 0020

11/13/14 0025

11/13/14 0045

ED Registration

ED Registration Reg Complete -MJ

Status

Registration FC Cleared -JW

Alerts

PAS STAFF MJ -MJ I.V jlw -MJ

(r) = User Recd, (t) = User Taken, (c) = User

User Key

Cosigned

Initials	Name	Effective Dates
RA	Reg In Adtr	-
MJ	Marianne Jarosiak	-
DT	David (Rn)(Hist) Trebisky, RN	08/14/09 -
JW	Jamie L Willingham Fc	-
CA	Colleen (Rrt) Afflen, RRT	05/07/14 -

END OF REPORT





EMERGENCY RESPONSE FORM

Page 1 of 2

DATE: 11/12/14

LOCATION OF EVENT: police station

WITNESSED EVENT: ☐ NO ☒ YES

CHECK IF PRESENT AT ONSET: OXYGEN DEVICE (L/minute or FiO2):

☒ ETT ☐ VENT ☐ IV ACCESSMONITOR: ☐ ECG ☐ RR ☐ pOxCONSCIOUS AT ONSET: ☐ YES ☐ NOPULSE AT ONSET: ☐ YES ☐ NORESPIRATION AT ONSET: ☐ YES ☐ NORHYTHM AT ONSET: ☐ NSR ☐ A FIB ☐ BRADY ☐ ASYS ☐ PEA☐ VFIB ☐ VTACH ☐ SVT ☐ PACED ☐ OTHER:

Patient Name

ANDERSON, TANESHA N
1/22/1977 F Sean Roth
23195780 0061

Clinic Number



CCF102713

PRECIPITATING EVENTS:

w/ police, lost consciousness,
hx5 mg ep, asystole
25 min down time

WEIGHT:

DNR <input type="checkbox"/> YES <input type="checkbox"/> NO	TIME	RHYTHM	HEART RATE	DEFIB / CARDIO-JOLTS		CHEST COMPRESSIONS (✓)	PULSE & COMPRESSIONS (✓)	B.P.	O ₂ SATURATION	RESPIRATORY RATE	BVM (✓)	INTRAVENOUS PUSH INJECTION				
				<input type="checkbox"/> AED <input type="checkbox"/> BI <input type="checkbox"/> MONO	<input type="checkbox"/> BI <input type="checkbox"/> MONO							AMIODARONE	ATROPINE	Ca CHLORIDE	EPINEPHRINE	LIDOCAINE
0006				✓	✓											
0009	PGA			✓	✓											
0011																
0012			2 minutes apart													
0013			at least													
0014	VFib		200 J													
0016	Asystole		shock													
0019	Asystole		of VT/VF; shock													
0020			begin less than 1 minute if no pulse													
0021	Asystole		within 3 minutes													
0023																
0024	VFib		200 J													

Medication Nurse (Preparation): AMCLANDSEN

DRUG BOX #: B430

Medication Nurse (Administration):

CRASH CART #:

Recording Nurse:


RESPIRATORY THERAPIST:



EMERGENCY RESPONSE FORM

Page 2 of 2

DATE: ____/____/____

 For: ANDERSON, TANESHA N
 1/22/1977 F Sean Roth
 23195780 0061
Patient Name: 

Clinic Number: _____

MEDICATIONS ADMINISTERED FOR INTUBATION:

☐ Etomidate _____mg ☐ Succinylcholine _____mg ☐ Rocuronium _____mg

☐ Vecuronium _____mg ☐ Midazolam _____mg ☐ Other: _____

PATIENT INTUBATED AT: _____

SIZE OF ETT: _____

LOCATION: _____ CM @ LIPLINE

CONFIRMATION: ☐ +ETCO₂ ☐ OTHER: _____

(✓) CHECK AT LEAST ONE ADDITIONAL

☐ DIRECT VISUALIZATION ☐ BIL. BREATH SOUNDS ☐ ABSENCE OF GASTRIC INFLATIONIMPEDENCE THRESHOLD DEVICE: ☐ YES ☐ NO

ANESTHESIA: _____

OUTCOME:

PATIENT EXPIRED AT: _____

PATIENT TRANSFERRED AT: _____

PATIENT TRANSFERRED TO: _____

PATIENT REMAINED AT: _____

FAMILY NOTIFIED AT: _____

PRINT NAME					I.V. FLUIDS	CONTINUOUS I.V. INFUSIONS				SIGNIFICANT EVENTS (example: ABG results, CT insertion, code status change, other medications, etc)
EPINEPHRINE	SODIUM BICARBONATE	VASOPRESSIN			AMIODARONE	DOPAMINE	EPINEPHRINE	NOREPINEPHRINE		
										arrival compressions etco ₂ 30' in progress
										(R) humeral head IO
50 mg	50 mg									CPR continues
	1st or 2nd dose of epi									
					Adult 450mg/250ml D5W	Adult 800mg/250ml D5W	Adult 4mg/250ml D5W	Adult 4mg or 16mg/250ml D5W		
50 mg	50 units may use once - 1st or 2nd dose of epi									At intubated (+) color change ET=21
	40 units									ETT dislodged; reintubated
										log @ AC labs drawn

L.I.P. IN CHARGE OF RESUSCITATION: Dr. Sean Roth

(SIGNATURE VERIFIES SHEET REVIEWED & AGREEMENT) PRINT NAME

STAFF MD/FELLOW PRESENT AT RESUSCITATION: _____

SIGNATURE

SIGNATURE


 Resuscitation Care: ☐ Vital Signs ☐ Echo ☐ Labs ☐ Chest X ray ☐ 12 ECG ☐ ABG
 W = Mail to HS1-03

WIA

102713 REV. 2/11



EMERGENCY RESPONSE FORM

Page 1 of 2

DATE: / /

LOCATION OF EVENT: _____

WITNESSED EVENT. ☐ NO ☐ YES

CHECK IF PRESENT AT ONSET: OXYGEN DEVICE (L/minute or FiO2): _____

☐ ETT ☐ VENT ☐ IV ACCESS

MONITOR: ☐ ECG ☐ RR ☐ pO₂

CONSCIOUS AT ONSET: ☐ YES ☐ NO

PULSE AT ONSET: ☐ YES ☐ NO

RESPIRATION AT ONSET: ☐ YES ☐ NO

RHYTHM AT ONSET: ☐ NSR ☐ A FIB ☐ BRADY ☐ ASYS ☐ PEA

☐ VFIB ☐ VTACH ☐ SVT ☐ PACED ☐ OTHER: _____

Patient Name: _____

Clinic Number

ANDERSON, TANESHA N
1/22/1977 F Sean Roth
23195780 0061

1/22/1977 F Sean Roth

23195780

0061

CCF102713

PRECIPITATING EVENTS:

WEIGHT: _____

[illegible]

Medication Nurse (Preparation): NSMLOW
SIGNATURE

DRUG BOX #: 6430

Medication Nurse (Administration): _____

CRASH CART#

Recording Nurse: NONCELA STAN SIGNATURE

RESPIRATORY THERAPIST:



EMERGENCY RESPONSE FORM

Page 2 of 2

DATE: _____ / _____ / _____

MEDICATIONS ADMINISTERED FOR INTUBATION:

☐ Etomidate _____mg ☐ Succinylcholine _____mg ☐ Rocuronium _____mg☐ Vecuronium _____mg ☐ Midazolam _____mg ☐ Other: _____

PATIENT INTUBATED AT: _____

SIZE OF ETT: _____

LOCATION: _____ CM @ LIPLINE

CONFIRMATION: ☐ +ETCO₂ ☐ OTHER: _____

(✓) CHECK AT LEAST ONE ADDITIONAL

☐ DIRECT VISUALIZATION ☐ BIL. BREATH SOUNDS ☐ ABSENCE OF GASTRIC INFLATION

IMPEDENCE THRESHOLD DEVICE: ☐ YES ☐ NO

ANESTHESIA: _____

PRINT NAME _____

For: **ANDERSON, TANESHA N**
1/22/1977 F Sean Roth
23195780 0061

Patient Name:

Clinic Number:

OUTCOME:

PATIENT EXPIRED AT: _____

PATIENT TRANSFERRED AT: _____

PATIENT TRANSFERRED TO: _____

PATIENT REMAINED AT: _____

FAMILY NOTIFIED AT:

[illegible]

L.I.P. IN CHARGE OF RESUSCITATION:

(SIGNATURE VERIFIES SHEET REVIEWED & AGREEMENT) PRINT NAME

STAFF MD/FELLOW PRESENT AT RESUSCITATION:

SIGNATURE

SIGNATURE

Resuscitation Care: ☐ Vital Signs ☐ Echo ☐ Labs ☐ Chest X ray ☐ 12 ECG ☐ ABG

W = Mail to HS1-03

102713 REV. 2/11

THE CLEVELAND CLINIC FOUNDATION

**REFERENCE AND CRITICAL RANGES
FOR POINT-OF-CARE TESTS**Refer to the Normal/Reference Value Sheet
in chart for correct interpretation of results.

2-319-578-0 061

ANDERSON, TANESHA, N, MS

01/22/1977 F

N. ER ASSOCIATES



IMPRINT / LABEL

Test	Vendor/Method	Reference Range	Critical Range
BNP	Biosite Triage®	0 – 100 pg/mL	
Creatinine	i-Stat® StatSensor®	0.6 – 1.5 mg/dL	
d-Dimer	Biosite Triage	<520 ng/mL DVT/PE Cutoff: 400 ng/mL	
Fecal Occult Blood	HemaPrompt® Hemoccult Sensa®	Negative	
Gastric Occult Blood	HemaPrompt®	Negative	
Glucose, Whole Blood	Roche AccuChek Inform®	Adults: 60-105 mg/dL Neonates/Infants: 40 – 120 mg/dL	Less than 40 mg/dL
Hemoglobin, Whole Blood	Hemocue 201+®	Adult males: 13.5 - 17.5 g/dL Adult females: 12 - 16 g/dL Neonates/Infants: 9.5 -13.5 g/dL	Less than 6 g/dL
Hemoglobin A1c	Bayer DCA 2000+®	4.0 % - 6.0 %	
PT/INR	Roche CoaguChek XS®	PT: 10.6 – 13.4 sec INR: 0.8 – 1.2	
Platelet Function	Accumetrics VerifyNOW®	IIb/IIIa: Baseline = 125 - 330 PAU ≥ 80% Inhibition = 0-44 PAU P2Y12: Baseline = 167 – 391 PRU Inhibition = 0 – 19 % Aspirin: Pre-aspirin = 631–675 ARU	
Qualitative pH	Nitrazine	Vaginal pH = less than 7.0 Tears pH = 7.0 – 8.0	
Strep A	Acceava	Negative	
Urine Dipstick	Siemens Test Strips	Glucose: Negative Bilirubin: Negative Ketones: Negative Specific gravity: 1.005 – 1.030 Blood: Negative pH: 4.5 – 8 Protein: Negative Urobilinogen: NL (less than 1.1 EU) Nitrites: Negative Leukocytes: Negative	
Urine hCG (pregnancy)	ICON 25®	Negative	
Urine Sediment	Brightfield microscopy	WBC: 0-5/hpf RBC: 0-3/hpf Absence of formed elements: negative/lpf	
Troponin T, Qualitative	Roche TROP T® (Qual) Roche Cardiac Reader	Negative	

207302 Rev. 01/10



ANDERSON, TANESHA, N, MS

2-319-578-0 061

PATIENT ACKNOWLEDGEMENT AND CONSENT FORM

On behalf of myself or my minor child or other patient named below, I acknowledge and consent to the statements made in this form. Changes or alterations to this form are not binding on Cleveland Clinic Hospital and/or its affiliated facilities (each and all of them referred to as "CC" in this form).

Consent to Health Care Services: I am requesting that health care services be provided to me (or my minor child or the patient named below) at CC. I voluntarily consent to all medical treatment and health care-related services that the caregivers at CC consider to be necessary for me (or the patient named below). These services may include diagnostic, therapeutic, imaging, and laboratory services, including HIV testing. If I want any HIV testing to be performed anonymously, I will tell my CC caregiver. My blood may be used to perform routine quality assurance testing. I am aware that the practice of medicine and surgery is not an exact science; no guarantees have been made to me about the results of treatments or examinations.

Financial Responsibility:

1. a. Subject to applicable law and the terms and conditions of any applicable contract between CC and a third-party payer, and in consideration of all health care services rendered or about to be rendered to me (or the below named patient), I agree to be financially responsible and obligated to pay CC for any balance not paid under the "Assignment of Benefits/Third Party Payers" paragraph below.

Or, b. Subject to applicable law and the Cleveland Clinic Health System Financial Assistance Policy, and in consideration of all health care services rendered or about to be rendered to me (or the below named patient), I agree to be financially responsible and obligated to pay CC for the patient balances due;

And,

2. I authorize the hospital and all clinical providers who have provided care to me, along with any billing services, collection agencies or other agents who may work on their behalf, to contact me on my cell and/or other phone using automatic telephone dialing system or other computer assisted technology.

Assignment of Benefits/ Third-Party Payers: In consideration of all health care services rendered or about to be rendered to me (or the below-named patient), I hereby assign to CC all right, title, and interest in and to any third-party benefits due from any and all insurance policies and/or responsible third-party payers of an amount not exceeding CC's regular and customary charges for the health care services rendered. I authorize such payments from applicable insurance carriers, third party payers, and other third-parties. A list of usual and customary charges is available upon request. I consent to any request for review or appeal by CC to challenge a determination of benefits made by a third-party payer. Except as required by law, I assume responsibility for determining in advance whether the services provided are covered by insurance or other third party payer.

Patient Rights and Responsibilities: I have received a copy of the Cleveland Clinic Health System Patient Rights and Responsibilities brochure or the Cleveland Clinic Health System Welcome Guide.

Uses and Disclosures of Health Information: I have received Cleveland Clinic Health System's Notice of Privacy Practices. The Notice of Privacy Practices explains how Cleveland Clinic Health System may use and disclose confidential health information that identifies me (or the below-named patient). I consent to let Cleveland Clinic Health System use and disclose health information about me (or the below-named patient) as described in the Notice of Privacy Practices.

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Lawson # 398362



ANDERSON, TANESHA, N, MS

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In doing so I consent to the release of my (or the below-named patient's) health information and financial account information to all third-party payers and/or their agents that are identified by CC, its billing agents, collection agents, attorneys, consultants, and/or other agents that represent CC or provide assistance to CC for the purposes of securing payment from all parties who are potentially liable for payment for my (or the below named patient's) health care, including for substance abuse, psychiatric care, or HIV, if applicable. I can revoke my consent in writing at any time except to the extent that CC has already relied on my consent.

Teaching Facility/ Clinical Studies: CC is a teaching facility. Doctors and others in training may be involved in my (or the below-named patient's) health care. Many CC patients participate in clinical studies. I can ask my (or the below-named patient's) doctor questions about having health professionals in training involved in the care and about participating in clinical studies, and I can explain any views I have. Clinical studies at CC go through a special process required by law that reviews patient welfare and privacy. CC patients usually consent in writing to participate in clinical studies. Sometimes family members or other surrogates are asked for consent when patients are not mentally able to give their own consent. Patients are encouraged to discuss how they feel about being research participants with family members so they will know the patients' wishes if asked.

Valuables/ Limitation of Liability: I understand that I should not bring valuables (jewelry, money, irreplaceable documents, etc.) with me to CC. I AGREE THAT CC SHALL NOT BE RESPONSIBLE FOR VALUABLES UNLESS THEY ARE DEPOSITED IN THE ADMINISTRATIVE SERVICE CENTER LOCATED IN THE HOSPITAL ADMITTING DEPARTMENT. If I do deposit valuables, CC's LIABILITY IS LIMITED to loss or damage caused by willful or wanton negligence. If I do not deposit valuables, CC is not responsible for them, even if I (or the patient named below) give(s) them to other CC personnel. Items in CC's Lost and Found are given to charity after 30 days.

By signing below, I am indicating that I have reviewed and acknowledge and consent to the terms described above.

In Person Consent

X

*Signature of Patient or Responsible Party*_____
*Date/Time*_____
*Printed Name of Patient (or Responsible Party if not the Patient)*_____
Responsible Party's Relationship to Patient

- OR -

Telephone Consent_____
*Printed name of Individual Providing Telephone Consent*_____
*Relationship to Patient*_____
*Witness to Telephone Consent (optional)*_____
Date/Time

11/13-0018- unable to sign due to med condition - no family mjk
 11/13-0029- unable to sign due to med condition - no family
 11/13-0040- unable to sign Patient expired mjk

Rev. 01/2014
Lawson # 398362



PATIENT DATA SHEET

PATIENT DATA

ANDERSON, TANESHA, N, MS 2-319-578-0 061 PRINT DATE: 11/13/2014
 1374 ANSEL RD SPI: SEX: F RACE: B
 CLEVELAND OH 44106 BIRTH: 01/22/1977
 HOME: (216) 355-5877 PFS: HPC: P
 WORK: SI: 00 MPC: P
 OTHER: MARITAL: S I
 ENGLI DEAF: INT: N RSN: VIS IMP: SP: RELIG: NONE SC: Y

EMPLOYER

STATUS: DISABLED (NOT EMPLOYED)
 OCCUPATION:

EMERGENCY NOTIFICATION

PERRY, KIMBERLEY, MS SISTER
 HOME: (216) 283-0042 OTHER:
 LEGAL GUARDIAN: PHONE:

SPOUSE / PARENT DATA

NAME:
 EMP: WORK:
 NAME:
 EMP: WORK:

GUARANTOR

ANDERSON, TANESHA, N, MS SELF DOB: 01/22/1977
 1374 ANSEL RD
 CLEVELAND OH 44106 EMPLOYER: NO EMPLOYER
 WORK: DISABLED (NOT EMPLOYED)

HOSPITAL COVERAGE

0000025
 MEDICARE B
 PO BOX 20019
 NASHVILLE /TN/37202
 282804654A
 ANDERSON, TANESHA
 0017373
 MYCARE CARESOURCE MEDICAID
 PO BOX 8730
 DAYTON /OH/4540187
 10437045200
 ANDERSON, TANESHA, N

MEDICAL COVERAGE

0000025
 MEDICARE B
 PO BOX 20019
 NASHVILLE /TN/37202
 282804654A
 ANDERSON, TANESHA
 0017373
 MYCARE CARESOURCE MEDICAID
 PO BOX 8730
 DAYTON /OH/4540187
 10437045200
 ANDERSON, TANESHA, N

FAMILY PHYSICIAN DATA

FAMILY VIJ, MD, MALTI AFFILIATE: SPECIALTY: INM
 598005 13944 EUCLID AVE
 CLEVELAND OH 44112 (216) 767-4242

AFFILIATE: SPECIALTY:

ADVANCE DIRECTIVES N
 COPY N

PDS sign: I
 LAST UPDT: 11/13/2014
 LAST REGI:

U285389



.23195780



ANDERSON, TANESHA, N, MS

2-319-578-0 061

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THE CLEVELAND CLINIC FOUNDATION
PATIENT'S PERSONAL ITEMS CHECKLIST

2-319-578-0 061

ANDERSON, TANESHA, N

01/22/1977 F

N. ER ASSOCIATES

EXP: 11/13/2014

**EMERGENCY DEPARTMENT/ NURSING UNIT PERSONNEL**

- Check off appropriate description of patient's belongings / valuables.
- Form is filled out in triplicate by personnel:
 - Patient is admitted through Emergency Department.
 - Patient is transferred to Intensive Care and belongings are taken to Administrative Service Center (ASC).
 - Patient is in Same Day Surgery.
 - Patient expires and family is present - complete forms, have family sign, give original to family and clip remaining copies to chart for processing in ASC.
 - Patient expires and no family is present - complete forms and take all copies and patient's belongings to ASC.

BELONGINGS:*No Belongings*

- | | | | | | |
|-------------------------------------|--|--------------------------------------|-------------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Bathrobe | <input type="checkbox"/> DENTURES | <input type="checkbox"/> Hat or Cap | <input type="checkbox"/> Scarf | <input type="checkbox"/> Sweater | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> Bed Jacket | <input type="checkbox"/> Upper | <input type="checkbox"/> Hose/Socks | <input type="checkbox"/> Shirt | <input type="checkbox"/> T-shirt | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Belt | <input type="checkbox"/> Lower | <input type="checkbox"/> Luggage | <input type="checkbox"/> Shoes | <input type="checkbox"/> Tie | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bible | <input type="checkbox"/> Partial | <input type="checkbox"/> Make-up Kit | <input type="checkbox"/> Shorts | <input type="checkbox"/> Toothbrush | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Blouse | <input type="checkbox"/> Dress | <input type="checkbox"/> Nightgown | <input type="checkbox"/> Skirt | <input type="checkbox"/> Trousers | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bra | <input type="checkbox"/> Girdle | <input type="checkbox"/> Pajamas | <input type="checkbox"/> Slip | <input type="checkbox"/> vest | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Coat | <input type="checkbox"/> Gloves | <input type="checkbox"/> Panties | <input type="checkbox"/> Slippers | | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Comb | <input type="checkbox"/> Handkerchiefs | <input type="checkbox"/> Prayer Book | <input type="checkbox"/> Suspenders | | <input type="checkbox"/> _____ |

VALUABLES:

- | | | | | | |
|-----------------------------------|---|---|---------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Bracelet | <input type="checkbox"/> Glasses & Case | <input type="checkbox"/> Money | <input type="checkbox"/> Rings | <input type="checkbox"/> Scapular | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> Earrings | <input type="checkbox"/> Medals | <input type="checkbox"/> Purse & Contents | <input type="checkbox"/> Rosary | <input type="checkbox"/> Wallet | <input type="checkbox"/> _____ |

Form completed by: _____

(signature)

(print name)

*W Kim / J King*Date: 11 / 13 / 14**Check appropriate box:**

- ☐ Personal items deposited from Nursing Unit Number _____ or ☐ Same Day Surgery
☐ Patient in Same Day Surgery and family took personal items. or ☐ Same Day Surgery Locker

(signature of family member taking personal items/ nurses signature)

- ☐ Patient transferred to Intensive Care and belongings taken to Administrative Service Center (ASC)
☒ Patient expired and family took personal items.

(signature of family member taking personal items)

- ☐ Patient expired and belongings taken to Administrative Service Center (ASC)

(signature of Undertaker taking personal items)